



**Youth With A Mission  
Norway**  
*Application for FAMILY MINISTRY SCHOOL*

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**Personal Information**

NAME \_\_\_\_\_  
First name Middle name Family name

Residential address: \_\_\_\_\_  
Street name and house number

\_\_\_\_\_  
ZIP code Town or County Country

Phone : \_\_\_\_\_ Mobile phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Gender: ☐ male ☐ female

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
dd / mm / yyyy town country

Civile status: ☐ single ☐ engaged ☐ Married ☐ Separated / divorced ☐ widow/widower

Spouses name \_\_\_\_\_  
First name Middle name Family name

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ place of birth \_\_\_\_\_  
dd / mm / yyyy town country

**Name of children accompanying you:**

First name	middle name	family name	AGE	date of birth (dd/mm/YY)	Gender

**Passport information**

Citizenship: \_\_\_\_\_ Passport number: \_\_\_\_\_

Name as written in passport:

\_\_\_\_\_  
Family name First name middle name

Issued by: \_\_\_\_\_ expiry date \_\_\_\_\_  
dd / mm / yyyy

Have you ever been denied a visa? ☐ No ☐ Yes (Please explain on separate peace of paper)



## Information about home church

Name of church \_\_\_\_\_ Denomination: \_\_\_\_\_  
Pastors name \_\_\_\_\_ How long have you been in this church? \_\_\_\_\_  
Church Address \_\_\_\_\_  
Street name \_\_\_\_\_  
Zip code \_\_\_\_\_ Town/country \_\_\_\_\_ Country \_\_\_\_\_  
E-Mail address \_\_\_\_\_ WEB address (if any) \_\_\_\_\_

## Education, work experience and other skills

I have completed High School / University ☐

University name / school name

Time (Month / Year)

	From	Till
	From	Till
	From	Till
	From	Till
	From	Till
	From	Till

Have you completed an education ☐ NO ☐ Yes As: \_\_\_\_\_

Please describe Jobs and work experience

Job

Time (Year)

	From	Till
	From	Till
	From	Till

Other skills, talents or interests: \_\_\_\_\_

Drivers license ☐ none ☐ car ☐ truck ☐ minivan ☐ Bus

First language \_\_\_\_\_

Other languages you know and speak

\_\_\_\_\_ ☐ Fluent ☐ Can communicate ☐ Some knowledge  
\_\_\_\_\_ ☐ Fluent ☐ Can communicate ☐ Some knowledge

## Previous experience/competencies from YWAM/University of the Nations

Please write school name/staff position/ministry name including your DTS

School/staff position	Base	Leader	Time (Year)



## Health information

**Note:**

Information about physical og mental health is confidential and protected by Norwegian law.

Please be informed that all sensitive information given by the applicant voluntarily will in no way be misused by Youth With A Mission.

Do you have travel insurance? Yes ☐ No ☐ Insurance company \_\_\_\_\_

Policy number: \_\_\_\_\_

Do you assess your health status as good? ☐ Yes ☐ No – please explain \_\_\_\_\_

**Do you have or have had any of the following illnesses that you want to inform about?**

(Tick the boxes and use a separate sheet for further explanation if necessary)

Back problems	<input type="checkbox"/>	Pollen allergy	<input type="checkbox"/>	Diabetics	<input type="checkbox"/>
Eye problems	<input type="checkbox"/>	Allergy	<input type="checkbox"/>	Cancer	<input type="checkbox"/>
Ear problems	<input type="checkbox"/>	Heart problems	<input type="checkbox"/>	HIV/Aids	<input type="checkbox"/>
Migraine	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	Depression	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Low Blood pressure	<input type="checkbox"/>	Chronis Fatigue Syndrome	<input type="checkbox"/>
Mental problems	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>		
Respiratory distress	<input type="checkbox"/>	Ulcer	<input type="checkbox"/>		
Asthma	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>		

Do you have other health issues you want to inform about? \_\_\_\_\_

Do you receive treatment from a doctor? ☐ NO ☐ YES (specify) \_\_\_\_\_

Do you use any medication? ☐ No ☐ Yes (specify) \_\_\_\_\_

Any allergies towards medicine? ☐ No ☐ Yes (specify) \_\_\_\_\_

Do you have any disabilities or health issues that demands special diet or attention as we accommodate you ?

☐ No ☐ Yes specify) \_\_\_\_\_

## Information about next of kin

Next of Kin \_\_\_\_\_

Residential address: \_\_\_\_\_

Street name

Zip code

town/county

country

Phone \_\_\_\_\_ Mobile phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Relationship to applicant \_\_\_\_\_



## Information regarding finances

Personal liability statement

Do you have complete school fees? Yes ☐ No ☐

If not, how do you anticipate the provision of the remaining fees? \_\_\_\_\_

I confirm that I understand payment of the required school tuition and fees must be made on or before my arrival, unless otherwise arranged with the leadership, and I agree to do so. I also confirm that I am fully aware of my financial obligations, both to the Lord and to the students and staff at the school. I therefore accept all responsibility for my fees, tuition and personal expenses incurred during my involvement with Youth With A Mission.

Applicants signature \_\_\_\_\_ date \_\_\_\_\_  
dd/mm/year

## Your expectations (please use a separate sheet to answer the following questions)

How did you first hear about Family Ministry school?

Why do you want to do this school?

Are there aspects of your personality / character that you currently work on now, or that you want to work with?

Which own expectations do you have for the course / school?

Briefly describe the experiences you've had with other cultures.

Are you prepared for simple/basic accommodation and shared common areas as kitchen, living room and hallway?

Tell us a little about yourself in relation to spiritual development.

Have you experienced a call or do you have a desire to work towards a particular country or people group?

How is your relationship with your local church / pastor?

How do you do as a family? Do all agreed to do this school? Do you share a spiritual life in the family?

(If you are single, tell a little about your family of origin)

**I declare that all information contained in this application is accurate and complete**

Applicants signature \_\_\_\_\_ Date \_\_\_\_\_  
dd / mm / yyyy

**Please send the application to:**

Ungdom i Oppdrag FMS / Family Focus  
Grimerudvegen 77  
2312 Ottestad  
Norway

**or email to:**

familie@ywam.no  
**fax to:**  
+47 62 57 43 01  
phone: +47 62 57 43 22  
[www.familiefokus.no](http://www.familiefokus.no)